

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	ALS	ID NO.	DATE
FEE DETERMINATION	not		10-23-01
O.I.P.E. CLASSIFIER		43	11/5/01
FORMALITY REVIEW	initials	1144	11/7/01
RESPONSE FORMALITY REVIEW	signature	1091	3/18/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/23/01
2	✓	✓	10/23/01
3	✓	✓	10/23/01
4	✓	✓	10/23/01
5	✓	✓	10/23/01
6	✓	✓	10/23/01
7	✓	✓	10/23/01
8	✓	✓	10/23/01
9	✓	✓	10/23/01
10	✓	✓	10/23/01
11	✓	✓	10/23/01
12	✓	✓	10/23/01
13	✓	✓	10/23/01
14	✓	✓	10/23/01
15	✓	✓	10/23/01
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17	✓	✓	10/23/01
18	✓	✓	10/23/01
19	✓	✓	10/23/01
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If more than 150 claims or 10 actions  
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 03/18/02